

BP-A219.055_Tool Inventory

INSTITUTION		CALENDAR YEAR		DATE PREPARED:	
SHOP OR AREA:		MARKING		PAGE	OF PAGES
QUANTITY:	TOOL DESCRIPTION:	SIZE:	2ND QUARTER	3RD QUARTER	4TH QUARTER

QUARTERLY AUDITS:

CERTIFIED CORRECT: _____
(Shop Area Foreman)

APRIL _____ C.S.

(Tool Control Officer)

JULY _____ C.S.

APPROVED: _____
(Chief Correctional Supervisor)

OCTOBER _____ C.S.